

FILED NOV 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34161**BIRTH NO. _____ REG. DIST. NO. **218** PRIMARY REG. DIST. NO. **5784** Registrar's No. **83**

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, write RURAL and give township) Dorena	c. LENGTH OF STAY (In this place) unk.	c. CITY (If outside corporate limits, write RURAL and give township) Dorena 0670	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED a. (First) ROSCOE		b. (Middle) —		c. (Last) BOWERS		4. DATE OF DEATH (Month) (Day) (Year) Sept. 27, 1950	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.R.		8. DATE OF BIRTH unk.	
9. AGE (In years last birthday) 30		IF UNDER 1 YEAR Months — Days —		IF UNDER 2 HRS. Hours — Min. —		11. BIRTHPLACE (State or foreign country) N. R.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY FARM		12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME N. R.	
13b. MOTHER'S MAIDEN NAME N. R.		14. NAME OF HUSBAND OR WIFE N. R.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) N. R.			

16. SOCIAL SECURITY NO. N. R.		17. INFORMANT'S SIGNATURE OR NAME RALPH ALBRIGHT, EAST PRAIRIE		ADDRESS EAST PRAIRIE	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BURNED TO DEATH IN FIRE		INTERVAL BETWEEN ONSET AND DEATH 2 9/10 D	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) OF RESIDENCE.		2 9/10 D	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) ACCIDENTAL CAUSES.		16	
19a. DATE OF OPERATION —		19b. MAJOR FINDINGS OF OPERATION DRINKING HEAVILY.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) EAST PRAIRIE MISS MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-27-50 6P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 067	

22. I hereby certify that I attended the deceased from **As Coroner**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **6P m.**, from the causes and on the date stated above.

23a. SIGNATURE John F. Amundson		(Deputy or title) Coroner		23b. ADDRESS CHARLESTON, MO		23c. DATE SIGNED 9-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 29, 1950		24c. NAME OF CEMETERY OR CREMATORY Oak Grove		24d. LOCATION (City, town, or county) (State) Charleston, Mo.	
DATE REC'D BY LOCAL REG. 10-28-50		REGISTRAR'S SIGNATURE Tertrude J. Harper		197 197		25. FUNERAL DIRECTOR'S SIGNATURE Waino Shelby East Prairie	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 2

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed NOV 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Shelby* _____

Licensed Embalmer No. *2726*

P. O. Address *East Prairie, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.